2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

AND TYPED OR PRINTED NAME OF SIGI

SIGNATURE

Apr 07, 2002 8:00 am Secretary of State P01000013113 DOCUMENT #~ 04-07-2002 90075 007 ***150.00 1. Entity Name AVEX GROUP, INC. Principal Place of Ausiness Mailing Address 9601 SW 142 AVE. #503 9801 SW 142 AVE. #503 MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-108 0603 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Martin 5 LIBERATORE, MICHAEL J'ESQ. Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE. SUITE 300 MIAMI FL 33131-3502 30TH CT Zip Code 33160 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 0210910K SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE Delets TITLE (9/01) oos santos martins, Madalena A DOS SANTOS MARTINS , MADALENA A NAME NAME CR2E034 (ALAMEDA JULIA DA COSTA 2350, APT. 802 18355 NE 30TH CT STREET ADDRESS STREET ADDRESS CURITIBA, PARANA, BRAZIL CITY-ST-ZIP CITY-ST-ZIP AVENTURA, CL, 33160 VPD VPD TITLE Delete me Change ☐ Addition MOREIRA PEDRO 18355 NE 30TH CT MORCIRA, PEDRO NAME NAME STREET ADDRESS ALAMEDA JULIA DA COSTA 2350, APT. 802 STREET ADDRESS CURITIBA, PARANA, BRAZIL CITY-ST-ZIP CITY-ST-ZIP AVENTURA PL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

Daytime Phone 6